CONFIRMED

MINUTES

Council of Governors’ Meeting
Part I
Held on 8th March 2017
Transformation Zone

Present
Dave Hughes (DH) Deputy Chairman Graham Jagger (GJ) Public Governor & Lead Governor
Frank Butcher (FB) Public Governor
Julia Dunncliffe (JD) Public Governor Katrina Oates (KO) Staff Governor
Glenn Edge (GE) Public Governor Cheryl Riotto (CR) Staff Governor
John Fiddy (FJ) Public Governor Helen Rodriguez (HR) Staff Governor
Gill Francis (GF) Public Governor Stephen Webb (SW) Staff Governor
Rob Graham (RG) Public Governor Tony Williams (TW) Staff Governor
John Lodge (JL) Public Governor
Ian Macgregor (IM) Public Governor Caroline Edmonds (CE) Appointed Governor
Peter Munday (PM) Public Governor Nick Wright (NW) Appointed Governor
Harvey Perkins (HP) Public Governor
Bob Spinks (BS) Public Governor

In Attendance
Stephen Posey (SP) Chief Executive
Roy Clarke (RFC) Director of Finance
Roger Hall (RMOH) Medical Director
Elizabeth Horne (EH) Director of Human Resources
Mary MacDonald (MMac) Trust Secretary
Claire Tripp (CT) Deputy Chief Executive
Tracy Bentley (TB) Minute Taker

Apologies - Governors
John Wallwork (JW) Chairman
Barry Crabtree-Taylor (BC-T) Public Governor
Julia Fleming (JF) Public Governor
Ann-Marie Ingle (AMI) Public Governor
Richard Hodder (RHo) Public Governor
Helen Munday (HM) Staff Governor
Caz Dyer (CD) Staff Governor

Apologies - Others
Karen Caddick (KC) Non-executive Director
Susan Lintott (SEL) Non-executive Director
Mark Millar (MM) Non-executive Director
Nick Morrell (NM) Non-executive Director
Ron Zimmern (RZ) Non-executive Director
Josie Rudman (JRu) Director of Nursing
Dan Saxton (DS) Head of Business Services

Council of Governors’ Meeting Part I – 8th March 2017:
Agenda Item
1 Welcome, apologies and opening remarks
   The Chairman welcomed everyone to the meeting and apologies were noted.

2 Declarations of Interest
   All Governors were asked to complete and return the DOI forms to the Trust Secretary.

   There were no Declarations of Interest.

3 Minutes of Previous Meeting and Matters Arising
   Minutes of the meeting held on 7th November 2016

   The Minutes, Part I and 2 from the meeting held on 7th November 2017 were approved and authorised for signature by the Chairman as a true record.

4 Board to Council Governance
   The Council of Governors received a presentation on PIPR from the Executive Directors which included:
   Trust Performance Summary: 4 areas of red were highlighted: Finance, Safe, People Management and Culture and Responsive. There was one Green section which was Caring and 2 Amber, Transformation and Effective.
   Safe: RMOH reported that there was one patient safety incident reported as a Serious Incident in January. This was due to a misplaced NG tube and met the criteria for a Never Event.
   Ward Closures: there are only 16 beds to date which are currently closed. There have been rumors regarding over 30 beds being closed at Papworth which is incorrect.
   Effective: Critical Care bed occupancy rose to 94% in month and patient care remained at planned levels for the 5th month.
   People Management and Culture: EH updated the group around People Management and Culture. Turnover was reduced in January from 20.42% to 15.46%. Staff in post reduced resulting in increased average vacancies for January of 11.72% from 214.49WTE in December.
   IPR (appraisal): The staff survey had a response rate of 53% and of that figure 89% of staff has had an appraisal, this also helps staff to feel valued and as such helps with the retention of staff.
   Recruitment: There is another recruitment day scheduled for Saturday the 11th March and to date we have 26 registered nurses scheduled to attend, along with 10 HCA candidates. Papworth currently have 120 potential staff going through pre-employment checks.
   Nursing vacancies currently at 12-14% but we are on target to hit 5%
in July. The Nursing vacancies are a trend that is affecting all organisations and is classed as a tight labour market.

Overseas nurses are still being actively recruited, areas outside the EU are also being looked at but there are factors in regards to exchange rates and pay rates which play a major factor in such areas as Australia and New Zealand.

The recruitment process is being looked at to have a more streamlined system.

Retention: Nursing staff are externally encouraged to rotate between organisations every 1-2 year to gain experience; this also adds to the retention issues.

With the announcement of the location of the residential home to be in Cambridge and the administration office to be located in Huntingdon it was felt that this has helped with the retention of staff.

We are anticipating an increase in leavers which will be very staff area specific, when moving closer to the relocation to the New Papworth Hospital site in Cambridge.

It was also noted that although much discussion was around the recruitment of nursing, there are other areas that are being addressed such as Cardiac Physiologist where a Grow your Own (GYO) initiative is being implemented, where we are appointing at degree level and then doing internal programmes to ensure staff are developed and meet the standards and accreditation required. This will enable Cardiac Physiologist already fully accredited to fulfil their duties and enable the GYO Cardiac Physiologist to do some of the lesser level roles whilst training.

Agency staff are being appointed to enable beds to be re-opened next week (w/c 13th March 2017). The agency will guarantee that they can provide the nurses to enable Papworth to open the beds and to keep them open.

There is a 400 day event on the 15th March and all Governors are invited to attend. Anyone wishing to attend can liaise with EH or CT or further details.

Responsive: RMOH updated the group around 62 day cancer waits pre re allocation which is at 83%, RTT met the 92% target with a combined performance of 92.70%. Cancellations were high in January this was due to reduced bed availability, and balancing emergency and clinically urgent work.

An area of concern is around patients waiting in hospital for treatment and those that cannot be moved from Theatre into the ICU or other wards due to lack of beds.

Most patients coming to us are 85% elective, but there is a growing trend where more patients are being presented via hard attacks ACS but are waiting in DGH’s to be seen within Papworth within a 3 day deadline. Papworth is working towards improving this patient care pathway. Theatres are not being left empty due to patient flow but some patients are waiting in theatres before being transferred to a more appropriate ward.
**Transformation:** CT updated the group around Transformation. The tunnels project remains amber, ORAC is also amber. The New Papworth Hospital PFI construction is 3 weeks behind schedule but Skanska is reporting that it is on programme and will complete on the 12th February 2018.

**Finance:** RC updated the group around finance, January (M10) is currently favorable to plan, with a surplus of £1,051k against the planned surplus of £782k. The cash balance of £29.1m is adverse to plan by £1.6m due to a delay in drawing down the bridging loan (£15m). CIP is an area of concern with a target of 2% for this year which equates to £5.2 m, £2.8m has been identified which leaves £2.4m still to reach in 2016/17. A question was raised if the CIP target is an achievable target, RC confirmed that although it is getting harder to identify CIPs there are still areas that can be improved and SIP/CIP implemented.

**Noted:** The Council of Governors noted the content of the PIPR report.

### 5 New Papworth Hospital
CT updated the group on the progress of New Papworth Hospital:
- **Project Key Milestones:** By the end of March the removals company will have been appointed, approval for the Resp/Cardiac operational design will be completed.
- **Off-site accommodation at Justinian House** is moving forward.
- **Waterbeach** has been confirmed as the residential accommodation local and construction will begin in May 2017.
- **Strategic Projects:** New Papworth Hospital (NPH) construction progress is on plan, along with Equipping. On the week of the 27th February companies came onto Papworth site and provided the opportunity to review the equipment by Papworth staff, this was a well-attended and useful event.
- **IT resilience solution within CUH estate** has been identified, a framework for joint sign off of shared services has been agreed. There are still some areas of challenge such as, Switchboard and telephony solution not yet finalised, Transfusion service delivery option not yet finalised and staff recruitment being highlighted as areas of concern.
- CT confirmed that there will be no services at the current Papworth site once we have moved to the NPH in April 2018. The current site will be completely decommissioned.
- A question was asked regarding the progress of the Heart and Lung Institute. SP confirmed that the application for national funding was not successful but that Papworth has been asked to re-submit in the summer. The approx. date for the Heart and Lung Institute to be build would be 2020/2021.
Noted: The Council of Governors noted the update on the New Papworth Hospital presentation.

6 Governor Matters

The Lead Governor (GJ) presented a paper outlining, Quality Accounts, Priorities for 2017/18, external data assurance, 400 day milestone, Governor questionnaire, Governor training, Governor committee membership, Governor committee reports, Public Board Meetings and Governor expenses. The Trust Secretary asked that all expenses be submitted to her before the end of this financial year.

Noted: The Council of Governors noted the Governor Matters paper.

7 Questions from Governors and the Public – notified to the Trust Secretary in advance of the meeting

There were no questions.

8 Any Other Business

None.

9 Date of Next Meeting; Wednesday 21 June 2017

The meeting closed at 12.30